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Application Number

2-17-05 MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND **AMENDMENT** AMENDMENT Indep Depend Depend Indep Depend Indep Depend Indep Indep Depend Indep **(11)** 52 -2 53 31 54 4 55 56 57 58 -8 59 97 60 10 61 11 62 12 63 13 64 -14-65 15 66 16 67 17 68 -18 69 19 70 20 71 21 72 22 73 23 74 24 -75 25 76 26 : 77 27 78 ·28.. 79 -29 30 80 -31--32--83 -33-: 84 34-85 35 86 -36-87 37 88 38 89 39 90 40 91 92 42 93 43 94 44 95 45 96 46 97 47 98 48 99 49 100 -50 Total Total Indep Indep Total Total Depend Depend Total Total

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